

D.I. # \_\_\_\_\_

**CIVIL ACTION****NUMBER:** 07 CV 639 GMSU.S. POSTAL SERVICE  
CERTIFIED MAIL RECEIPT(S)

7007 3020 0002 3321 7562

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$ 168
Certified Fee	265
Return Receipt Fee (Endorsement Required)	215
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.58

Postmark  
Here

Sent To	WARDEN PERRY PHELPS	07-639
Street, Apt. No. or P.O. Box No.	DELAWARE CORRECTIONAL CENTER	GMS
City, State, ZIP+4	1181 PADDOCK ROAD SMYRNA, DE 19977	

PS Form 3800, August 2006 See Reverse for Instructions